STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265868	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Columbia Post Acute	3535 Berrywood Drive Columbia, MO 65201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558 Based on observation, interview, and record review, facility staff failed to review and revise the plan of care with changes in the residents' needs for seven residents (Resident's #5, #13, #14, #27, #29, #35, and #40) out of 25 sampled. The census was 66. 1. Review of the facility's policy Care Plans, Comprehensive Person Centered, dated March 2022, showed care plans are developed within seven days of completion of the required MDS (Minimum Data Set), a federally mandated assessment tool (Admission. Annual, or Significant Change of Status), and no more than 21 days after admission. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. Assessments of residents is ongoing and care plans are revised as information about the resident and the residents' conditions change. 2. Review of Resident #5's Admission MDS, dated [DATE], showed staff assessed the resident as moderately Cognitively Impaired and required an indwelling urinary catheter (tube placed directly in the bladder to drain urine). Review of the Physician Order Sheet (POS), dated November 2024, showed staff documented the resident's foley catheter had been discontinued on 11/03/24. Review of the care plan, dated 10/13/24, showed staff were directed to use enhanced barrier precautions due to the presence of an indwelling urinary catheter. 3. Review of Resident #13's Admission MDS dated [DATE], showed staff assessed the resident as mild to moderately cognitively impaired, received anticoagulant (thins the blood) medication and required partial to moderate assist from staff for sitting on the side of the bed. Review of resident's medical record showed a signed consent, dated 10/1/24, for bed rail use to assist with mobility. Review of the POS, dated November 2024, showed an order for Eliquis (blood thinner) 5 milligrams (mg) daily and a bed enabler. Review of the resident's care plan, revised 11/11/24, showed it did not contain direction for staff in regard to the resident's use of an anticoagulant medication or the use of bed rails. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 11/12/24 at 12:45 P.M., showed bed rails up on both sides of the resident's bed. During an interview on 11/12/24 at 12:45 P.M., the resident said the rails help him/her move around in bed. Observation on 11/13/24 at 02:36 P.M., showed bed rails up on both sides of the resident's bed. During an interview on 11/15/24 at 2:41 P.M., the Director of Nursing (DON) said blood thinners should be on the care plan due to the risk of bleeding. The DON said he/she did not know why blood thinners were not on the resident's care plan. During an interview on 11/15/24 at 3:33 P.M., the MDS Coordinator said blood thinners should be included on the care plan and he/she does not know why it is not on the resident's care plan. 4. Review of Resident #14's Admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact and required partial/moderate assistance for bed mobility. Review of the resident's care plan, dated 10/03/24, showed it did not contain direction for staff in regard to bed rail or enabler use. Review of the POS, dated November 2024, showed an order for staff to assess the resident at admission for the use of a one-eighth type enabler on bed for positioning/transfer assistance, if indicated and/or with resident request. Observation on 11/12/24 at 1:38 P.M., showed the resident in bed with bed rails raised on both sides. Observation on 11/13/24 at 12:31 P.M., showed the resident in bed with bed rails raised on both sides. During an interview on 11/13/24 at 12:31 P.M., the resident said he/she utilized the bed rails to assist with mobility. 5. Review of Resident's #27's Quarterly MDS, dated [DATE], showed staff assessed the resident as moderate cognitive impairment, diarrhea, and frequently incontinent of bowel. Review of the resident's care plan, dated 7/4/24, showedteh care plan did not contain documentation of frequent bowel incontinence. Review of the resident's POS, dated November 2024, showed an order for Diphenoxylate-Atropine (a medication used to treat diarrhea) 2.5-0.024 mg, one tablet four times a day. Review of the resident's Bowel Incontinence log, dated 10/17/24 through 11/15/24 showed staff documented the resident has 15 episodes of bowel incontinence. 6. Review of Resident #29's Admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact and required substantial/maximal assistance for bed mobility. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's POS, dated November 2024, showed an order for staff to assess the resident at admission for use of one-eighth type of enabler on bed for positioning/transfer assistance, if indicated and/or with resident request. Review of the care plan, revised 11/08/24, showed it did not contain direction for staff in regard to bed rail or enabler use. Observation on 11/12/24 at 1:44 P.M., showed the resident in the room with both bed rails in the raised position. Observation on 11/13/24 at 12:16 P.M., showed the resident in the room with both bed rails in the raised position. During an interview on 11/13/24 at 12:16 P.M., the resident said he/she utilized the bed rails to assist with mobility. 7. Review of Resident #35's Quarterly MDS dated [DATE] showed staff assessed the resident as mild cognitive impairment, diagnosis of hemiplegia or hemiparalysis (partial or total paralysis of one side of the body), and required partial to moderate assistance for sitting on the side of the bed. Review of the medical record showed a bed rail consent, signed 8/11/23. Review of the POS showed an order, dated 8/16/24, for one-eighth type of enabler on bed for positioning/transfer assistance if indicated and /or with resident request. Review of the care plan, dated 10/25/24, showed it did not contain direction for staff in regard to the resident's bed rail use. 8. Review of Resident #40's Admission MDS, dated [DATE], showed staff assessed the resident with moderate cognitive impairment and diagnosis of dementia. Review of the medical record, showed staff documented the resident had a diagnosis of dementia. Review of the care plan, dated 11/14/24, showed it did not contain direction for staff in regard to the resident's dementia. 9. During an interview on 11/15/24 at 2:05 P.M., Certified Nurse Aide (CNA) H said he/she knew where to find care plans but did not use them. CNA H said the basic care instructions for residents are on the white boards in the residents' rooms. During an interview on 11/15/24 at 2:11 P.M., Licensed Practical Nurse (LPN) J said care plans should include everything about a resident, however staff use the white boards in the residents' rooms in addition to report from therapy to be informed about the residents. During an interview on 11/15/24 at 2:15 P.M., LPN F said he/she has never been told about care plans and does not know how to access them. The LPN said nurses do not really work with care plans, and they are more for therapy. The LPN is is the responsibility of the case worker and social worker to update the care plans. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/15/24 at 2:36 P.M., CNA G said he/she knows how to care for residents by reviewing the hospital paperwork, and by using the white board at the nurses' station. During an interview on 11/15/24 at 2:41 P.M., the DON said chronic diarrhea should be on the care plan, as it poses a risk for skin breakdown. The DON said he/she did not know why it was not care planned for Resident #27. The DON said if a resident has bed enablers, it should be care planned. The DON said care plans are discussed at daily clinical meetings. The MDS Coordinator is responsible for developing the care plans. During an interview on 11/15/24 at 3:33 P.M., the MDS Coordinator said care plan changes can be made by anyone, but usually are not. Care plans are completed within 14 days of admission. The information is gathered from hospital records, staff, the chart, providers, family and the resident. The care plans should be updated when something changes. Chronic diarrhea and bed rails should be on the care plan and he/she does not know how diarrhea had been missed for Resident #13. The MDS Coordinator did not know why bed rails were missed for Residents #13, 14, #29 and #35. He/She said all staff know where to find care pans and should be using them to give the right care to residents. 42484 Surveyor: [NAME], [NAME] 50432

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 42484 Based on interview and record review, facility staff failed to accurately transcribe one resident's (Resident #18) eye drop medication orders from the hospital which resulted in the resident not receiving necessary medications during their stay at the facility. The facility census was 66. 1. Review of the facility's policy titled Reconciliation of Medications on Admission, revised July 2017, showed medication reconciliation is the process of comparing pre-discharge medications to post-discharge medications that includes the drug name, dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or omissions at transition points in care. Medication reconciliation reduces medication errors and enhances resident safety by ensuring that the medications the resident needs and has been taking continue to be administered without interruption, in the correct dosages and routes, during the admission/transfer process. Using an approved medication reconciliation form or other record, list all medications from the medication history, the discharge summary, the previous Medication Administration Record (MAR), and the admitting orders (sources). 2. Review of Resident #18's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 08/15/24, showed staff assessed the resident as: -Moderately cognitively impaired; -Vision moderately impaired; limited vision, not able to see newspaper headlines but can identify objects; -Diagnosis of Cataracts, Glaucoma or Macular Degeneration (an age-related eye disease that causes gradual loss in the center of the visual field). Review of the resident's medical record, dated October through November 2024, showed staff documented the resident has diagnoses of Primary open-angle glaucoma and Presence of intraocular lens (a clear, artificial lens that replaces the eye's natural lens to improve vision). Review of the resident's Physician Order Sheet (POS), dated 10/31/24, showed an order to admit to facility with hospital discharge orders. Review of the resident's hospital discharge orders, dated 10/31/24, showed orders for: -Atropine Ophthalmic 1% solution (used to relieve pain caused by swelling and inflammation of the eye), one drop in the right eye two times a day; -Brimonidine Ophthalmic 0.2% solution (used for lowering intraocular pressure (IOP) with open-angle glaucoma or ocular hypertension), one drop in the left two times a day; -Difluprednate Ophthalmic 0.05% Solution (used to treat eye pain, redness, and swelling caused by eye surgery. It is also used to treat an eye condition called endogenous anterior uveitis (eye inflammation), one drop in the right eye four times a day; (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Latanoprost 0.005% Ophthalmic Solution (used to treat glaucoma), one drop in the left eye twice a day. Review of the resident's POS, dated October and November 2024, showed orders for: -Atropine Ophthalmic Solution 1%, instill one drop in right eye every 12 hours as needed for eye irritation; -Brimonidine Tartrate Ophthalmic Solution 0.2%, instill one drop in left eye every 12 hours as needed for eye irritation; -Difluprednate Ophthalmic Emulsion; instill one drop in right eye every 8 hours as needed for eye irritation; -Latanoprost Ophthalmic Solution, instill one drop in left eye every 12 hours as needed for eye irritation. Review of the resident's MAR, dated October and November 2024, showed staff did not document the resident received the eye medications as ordered on the hospital discharge orders. During an interview on 11/15/24 at 11:55 A.M., Pharmacist M said when a resident has a diagnosis of glaucoma eye drops are usually given as scheduled and not as needed. Pharmacist M said the facility orders should match the hospital discharge orders. During an interview on 11/15/24 at 12:09 P.M., Physician L said the orders received from the hospital should have been the orders followed by the facility. The physician said he/she did not know why the medication orders were not entered correctly. The physician said a resident with glaucoma could be harmed if eye drops are not given as ordered. During an interview on 11/15/24 at 2:11 P.M., Licensed Practical Nurse (LPN) J said when a resident is admitted , the charge nurse reviews the medication list, and enters the medications. The social worker reviews the list with the family, and another nurse will audit the orders. LPN J did not know why the medications were not administered according to the hospital discharge summary. LPN J said the resident's glaucoma could become worse if the eye drops were not administered correctly. During an interview on 11/15/24 at 2:41 P.M., the Director of Nursing (DON) said when a resident is admitted from the hospital a medication list is always provided. The list is double checked by multiple staff members. The DON did not know how these medications were entered incorrectly since it had been checked by multiple staff. MO00245028

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F 0680 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure the activities program is directed by a qualified professional. 42484 Based on interview and record review, facility staff failed to ensure the activities program was directed by a qualified professional. The facility census was 66. 1. Review of facility records showed they did not have a policy in regard to qualifications for the Activity Director (AD) position. Review of the facility's Activity Director Job Description, undated, showed the primary purpose of the AD position is to plan, organize, develop, and direct the overall operation of the Activity Department in accordance with current federal, state, local and corporate standards, regulations, and guidelines to assure than an on-going program of activities is designed to meet, in accordance with the comprehensive assessment, the interests and physical, mental, and psychosocial needs of each resident. Keep current of federal and state regulations, as well as professional standards. The job description did not include the necessity for certification. 2. Review of the AD's employee file showed the file did not contain documentation the AD completed a state approved training course. During an interview on 11/15/24 at 10:29 A.M., the AD said he/she did not know the position required certification. The AD said he/she had not been directed to take any courses by facility staff. During an interview on 11/14/24 at 3:22 P.M., the administrator said the AD is not certified. The administrator said he/she did not know the activity director position required certification.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 42484 Based on observation, interview, and record review, facility staff failed to maintain a medication administration error rate of less than 5% out of 38 opportunities observed, two errors occurred resulting in a 5.26%, which effected one residents (Resident #35) out of 21 sampled residents. The facility census was 66. 1. Review of the facility's policy titled Administering Medications, dated April 2019, showed the Director of Nursing (DON) supervises and directs all personnel who administer medications. Medications are administered in accordance with prescribe orders. The individual administering medications verifies the right resident, right medication, right dosage, right time, and right route before giving the medication. Review of the manufacturer's recommendations for insulin (a medication used to control blood sugars) pens, dated 09/11/15, showed prime the pen with two units (U) before each injection. Priming the pen removes the air from the needle and cartridge that may collect and ensures the pen is working correctly. If you do not prime the pen before each injection, you may get too much or too little insulin. 2. Review of Resident #35's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 10/10/24, showed staff documented the resident had a diagnosis of diabetes and received insulin injections. Review of the resident's Physician's Order Sheet (POS), dated November 2024, showed orders for: -Humalog Lispro Insulin 100 units U/milliliter (ml), give per sliding scale according to the resident's blood sugar, inject subcutaneously (SQ) with meals: -Glargine Insulin 100 U/ml, inject 10 units SQ once a day. Observation on 11/13/24 at 8:00 A.M., showed Registered Nurse (RN) A administered Humalog Insulin two units per the sliding scale orders but did not prime the insulin pen Observation showed the RN administered Glargine Insulin 10 units but did not prime the insulin pen. During an interview on 11/13/24 at 2:35 P.M., RN A said the proper way to administer insulin from a pen is to prime the pen with two units before giving each dose of insulin. RN A said he/she realized after he/she gave the insulin he/she failed to prime the pens and should have. RN A said the reason the pen should be primed before administering the insulin is to ensure an accurate dose is given as the pens can get air bubbles. RN A said not priming the pens is a medication error. 3. During an interview on 11/14/24 at 1:00 P.M., the Unit Manager N said the proper way to administer insulin using a pen is to prime the insulin pen with two units each time before setting the dose of insulin to give. This ensures the accuracy of the dose given as insulin pens can get air bubbles in them. If staff do not prime the pen each time it is considered a medication error. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/14/24 at 1:25, the DON said the nurses and CMT's are responsible to administer medications per the physician's orders accurately. The DON said the proper way to administer insulin using a pen is to prime the insulin pen with two units each time before setting the dose of insulin. The DON said this ensures the accuracy of the dose given as insulin pens can get air bubbles in them. The DON said if staff do not prime the pen each time this would be considered a medication error. During an interview on 11/14/24 at 2:22 P.M., the administrator said he/she expects staff to follow the standards of practice and facility policies regarding medication administration. 48982

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558 Based on observation, interview and record review, facility staff failed to conduct regular entrapment assessments for seven (Resident #5, #13, #14, #17, #29, #35 and #40) out of seven sampled residents who used bed rails . The facility census was 66. 1. Review of the facility's Bed Safety and Bed Rails policy, dated August 2022, showed the use of bed rails is prohibited unless the criteria for use of bed rails have been met. Regardless of mattress, type, width, length and/or depth, the bed frame, bed rail and mattress will leave no gap wide enough to entrap a resident's head or body. Any gaps in the bed system are with the safety dimensions established by the Food and Drug Administration (FDA). Maintenance staff routinely inspects all beds and related equipment to identify risks and problems including entrapment risks. The maintenance department provides a copy of inspection to the administrator. 2. Review of the maintenance department records showed it did not contain a completed entrapment assessment since June 2024. 3. Review of Resident #5's Admission Minimum Data Set (MDS), a federally mandated assessment tool, showed staff assessed the resident as: -admitted on [DATE]; -Moderately Cognitively Impaired; -Required supervision or touch assistance for bed mobility. Review of the Physician Order Sheet (POS), dated November 2024, showed an order for staff to assess the resident at admission for the use of a one-eighth type of enabler on the bed for positioning/transfer assistance, if indicated and/or with resident request. Review of the medical record showed it did not contain an entrapment assessment. Observation on 11/12/24 at 1:21 P.M., showed the resident in bed with bed rails raised on both sides. Observation on 11/13/24 at 3:14 P.M., showed the resident in bed with bed rails raised on both sides. 4. Review of Resident #13's Admission MDS, dated [DATE], show staff assessed the resident as: -admitted on [DATE]; -Mild to moderate cognitive impairment; -Partial to moderate assistance for lying to sitting side of bed. (continued on next page)

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the POS, dated November 2024, showed an order for staff to assess the resident at admission for use of a one-eighth type of enabler on bed for positioning/transfer assistance, if indicated and/or with resident request. Review of the care plan, dated 10/4/24, showed it did not contain documentaion of bed rail use. Review of the resident's medical record did not contain an entrapment assessment. Observation on 11/12/24 at 12:45 P.M., showed the resident in bed with bed rails raised on both sides. Observation on 11/13/24 at 2:36 P.M., showed the resident in bed with bed rails raised on both sides. 5. Review of Resident #14's Admission MDS, dated [DATE], showed staff assessed the resident as: -admitted on [DATE]; -Cognitively intact; -Required partial/moderate assistance for bed mobility. Review of the resident's POS, dated November 2024, showed an order for staff to assess the resident at admission for use of one-eighth type of enabler on bed for positioning/transfer assistance, if indicated and/or with resident request. Review of resident's medical record did not contain an entrapment assessment. Observation on 11/12/24 at 1:38 P.M., showed the resident in bed with bed rails raised on both sides. Observation on 11/13/24 at 12:31 P.M., showed the resident in bed with bed rails raised on both sides. 6. Review of Resident #17's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -admitted on [DATE]; -Severely Cognitively Impaired; -Required substantial/maximal assistance for bed mobility. Review of the resident's (POS), dated November 2024, showed an order for staff to assess the resident at admission for use of one-eighth type of enabler on bed for positioning/transfer assistance, if indicated and/or with resident request. Review of the resident's medical record did not contain an entrapment assessment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265868	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 11/13/24 at 8:21 A.M., showed the resident in bed with bed rails raised on both sides. Observation on 11/14/24 at 2:01 P.M., showed the resident in bed with bed rails raised on both sides. 7. Review of Resident #29's Admission MDS, dated [DATE], showed staff assessed the resident as: -admitted on [DATE]; -Cognitively intact; -Required substantial/maximal assistance for bed mobility. Review of the POS, dated November 2024, showed an order for staff to assess the resident at admission for use of one-eighth type of enabler on bed for positioning/transfer assistance, if indicated and/or with resident request. Review of the resident's medical record did not contain an entrapment assessment. Observation on 11/12/24 at 1:44 P.M., showed the resident's bed with bed rails raised. Observation on 11/13/24 at 12:16 P.M., showed the resident's bed with bed rails raised. 8. Review of Resident #35's Quarterly MDS dated [DATE], showed staff assessed the resident as: -Mild cognitive impairment; -Required partial/moderate assistance for bed mobility; -Diagnosis of hemiplegia (partial or total paralysis on one side of the body) or hemiparesis (weakness or inability to move one side of the body). Review of the care plan, dated 7/20/24, showed staff documented the resident used bed rails for mobility. Review of the POS, dated November 2024, showed an order dated 8/16/24 for staff to assess the resident at admission for use of one-eighth type enabler on bed for positioning/transfer assistance, if indicated and/or with resident request. Review of the resident's medical record did not contain an entrapment assessment. Observation on 11/12/24 12:15 P.M., showed the resident in bed with bed rails raised on both sides. Observation on 11/13/24 at 2:19 P.M., showed the resident in bed with bed rails raised on both sides. 9. Review of Resident #40's Admission MDS, dated [DATE], showed staff assessed the resident as: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265868	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Columbia Post Acute	3535 Berrywood Drive Columbia, MO 65201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-admitted on [DATE]; -Moderately Cognitively Impaired; -Required partial/moderate assistance for bed mobility. Review of the resident's POS, dated November 2024, showed it did not contain an order for bed rails. Review of the resident's medical record showed it did not contain an entrapment assessment. Observation on 11/13/24 at 9:00 A.M., showed the resident in bed with bed rails raised on both sides. Observation on 11/14/24 at 2:31 P.M., showed the resident in the room with bed rails in the raised position. 10. During an interview on 11/14/24 at 10:38 A.M., the administrator said the staff member who had been responsible for completing the entrapment assessments had been terminated in June of this year. The administrator said entrapment assessments had not been completed since June 2024. The administrator said the new maintenance director had been out and the assessments had not been completed. 42484 50432